



Application Rec'd: _____
Processed By: _____
Amount Received: _____
Operator Number: _____
Tramway Number: _____

**Department of Labor
5 Green Mountain Drive, PO Box 488
Montpelier, VT 05601-0488**

Renewal Application for Tramway Registration

Name of Area: _____
Town or City: _____
Manager or Responsible Official: _____
Mailing Address: _____
Telephone Number: _____
Vermont State Tramway Number: _____ Length of Lift: _____
Tramway Name and Type: _____

Did this tramway operate during the past season: Yes ☐ No ☐ Winter ☐ Summer ☐

Did any personal injury incidents occur on this tramway during the previous registration year?
Yes ☐ No ☐ Were incident reports filed? Yes ☐ No ☐

Did any mechanical/electrical incidents occur on this tramway during the previous registration year?
Yes ☐ No ☐ Were incident reports filed? Yes ☐ No ☐

Have all Orders or Recommendations of the State Inspector regarding this lift been complied with to date:
Yes ☐ No ☐ If no, please explain:

Any changes in length? Yes ☐ No ☐ **If yes, please file a modified application with this office.**

Have any other changes been made in the tramway since the end of the previous season?
Yes ☐ No ☐ **If yes, please file a modified application with this office.**

I certify that to the best of my knowledge and belief the answers to the above questions are correct, that safety precautions are being taken, and qualified personnel are employed.

Manager or Responsible Official

Title

All registrations expire on October 31 of each year, and the registration fee must accompany this application. Checks should be made payable to the State of Vermont. As to registration and fees for tramways, referral should be made to 31 V.S.A. § 707.